

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-8511
www.dpor.virginia.gov



Board for Contractors
CERTIFICATE OF LICENSE TERMINATION

I hereby certify that _____ changed entities or ceased operation as a
(Business Name)
sole proprietor, general partnership, limited partnership/liability corporation, association, or corporation in the Commonwealth
of Virginia on _____. Accordingly, I am returning license number _____.
(Date)

The undersigned certify that the foregoing statements and answers are true. I/we have complied with all the laws of Virginia related to contractors licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia* and the *Board for Contractors Rules and Regulations*, and I/we understand this affidavit.

1. Business Name _____
2. Trade or "Fictitious" Name _____
3. Federal Employer Identification Number

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4. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
5. Mailing Address _____
City, State, Zip Code _____
6. E-mail Address _____
7. Telephone & Facsimile Numbers

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Telephone		

()	-
Facsimile		

8. **Responsible Management** (the signature of the sole proprietor; any partner of a general partnership, managing partner of a limited partnership, officer/director of an association, manager/member of a limited liability company; or the president or vice-president of a corporation is required to process this termination form).

Name _____ Title _____
Signature _____ Date _____

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,
the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____,
My commission expires the _____, day of _____.

Affix official seal here.

Signature of Notary Public